

# Example of essay on research: the role of health care in sultanate of oman on eld...

[Sociology](#), [Population](#)



**XXXXXXXXXXXX**

Introduction

Definition about Demographic and Epidemiology

Demographic trends

- Worldwide and regional trends
- Oman Population size and growth ( statistics and graphs)
- Economic and social changes that impact on elderly.

## **Epidemiological transition**

- Epidemiologic Transition Theory
- Epidemiological transition in the worldwide and regional context
- Sultanate of Oman ( Life expectancy, fertility, morbidity and mortality)

impact of elderly

## **Chapter Summary**

Introduction

This document contains a thesis chapter addressing the role of health care in Sultanate of Oman on elderly care. Specifically, definitions of demography and epidemiology will be offered. Subsequently, demographic trends will be discussed from worldwide and regional perspectives. Statistics about Oman Population size and growth will be presented with the appropriate graphical interpretations along with an analysis of economic and social changes that impact the elderly population. The theory of epidemiological transition will be explained in relation a worldwide, regional then precisely Sultanate of Oman.

Life expectancy, fertility, morbidity and mortality impact on the elderly will be explored.

## **Demographics and Epidemiology**

Social scientists have described demographics as quantifiable statistics related to a specific population. These quantifiable statistics are usually applied when identifying studies which involve understanding quantifiable subsets population such as the elderly. These subsets provide relevant information regarding the population characteristic at any particular period of time. Some criticisms of compiling demographic data is its cultural orientation. Consequently, the data that will be presented in this thesis chapter inevitably is specific to Sultanate of Oman and the culture of ageing within that population subset. This is appropriate for a in-depth understanding of the aging issues within this society (Meredith, Schewe & Haim, 2002).

Epidemiology refers to the study of disease patterns that evaluates infection etiology; geographic, socioeconomic status, genetics and demographic variations. Often epidemiologists examine conditions requiring elder care after assessing relationships among factors affecting aging. Since there are no clear distinctions related to the aging phenomenon it is important that epidemiologists continue investigations relating a number of patterns. However, it must be understood that figures published in epidemiology records are all estimates. This is an attempt at establishing a more profound understanding regarding targeted populations across the world. It also helps identifying and explaining geographic locations containing highest and

lowest elderly rates and complications of ageing (Merril, 2010).

Demographic trends

## **Worldwide and regional trends**

The world's population median age is increasing due to decline in fertility.

The 20-year increase in the average life span during the second half of the 20th century is responsible for divergent aging trends. Inevitably, many combining factors along with escalating fertility rates across the world during the 2 decades after World War II will ultimately result in more people over 65 years old are alive during 2010—2030 (Help the Aged, 2000).

More importantly, projections are that the amount of elderly over 65 years old will soon outnumber children. For example, in certain parts of Africa where HIV/AIDS has ravished the younger population already more elderly people living that persons between 12-45 age group. Further research reveal that more people between the ages of 80 to 100 are alive than in previous decades. Researchers contend that the growing disparity between children and older adults could be due to less babies being born in modern societies across the world along with the emergence of many new diseases (Kinsella & He, 2009).

As such, by 2050 there will be 2 billion people over age 65 years old living in the world. Interestingly 80% of these people will be living in developing nations (Kevin, 2005). Precisely, there a growing concern related to how primary health care strategies could be aligned to serving this vulnerable population efficiently while exploring its present role in sustaining independence and quality of life among people over age 65 (World Health

Organization, 2005).

(Kinsella & He, 2013).

Diagram showing population trends among countries inclusive of France, Sweden, United Kingdom, United States of America, Japan, South Korea, China, Thailand and Brazil from 1860 to 2020 when there will be an increase by 14% (Kinsella & He, 2013).

## **Oman Population size and growth (statistics and graphs)**

Oman population census of 1993 showed where just over 2 million people were living in the country with non Omans accounting for 26% of the population.

### **Oman Population in 1993**

(Oman Census, 1993)

More recent 2010 census figures show a total population of 2, 773, 479 and of those, 1, 957, 336 were Omanis. This population grew from 2, 340, 815 in the 2003 census. A total fertility rate in 2011 was estimated to be 3. 70.

Forty three percent of its citizens were below age 15. An estimated 50% live in Muscat and Batinah coastal plain northwest of the capital. Relatively, approximately 200, 000 live in the southern region of Dhofar and 30, 000 live on the remote Strait of Hormuz in Musandam Peninsula (Kinsella & He, 2009).

Oman at birth life expectancy is approximately 76. 1 years as of 2010.

Health care services in 2010, was estimated 2. 1 physicians and 2. 1 hospital beds per 1, 000 people. Significantly, in 1993, 89% of Omani accessed health care services. By 2000 it increased 99%. According to World Health

Organization the last three decades Oman showed marked health care achievements in preventive and curative medicine. Consequently, in 2001 Oman achieved 8th in the life expectancy world rating (Degu & Tessema, 2005)

### **Economic and social changes that impact of elderly.**

Omani citizens have a relatively high standard of living, which has attracted foreigners in due to its oil reserves in search of a better quality of life.

However, the economic future is bleak since many oil reserves are dying.

Alternative sources resources are agriculture even this is way less than the income derived from oil. Comparatively, agriculture accounts for less than 1% of Oman's exports. Consequently, diversification has been a new approach adapted by Oman government to balance its budget deficits. More importantly, agriculture is not managed from an industrial level, but rather from a subsistence perspective. Farmers grow grains, dates, vegetables limes, grains, which does not reach the international market quantity/quality to be exported (Ministry of National Economy, 2010).

Importantly, Oman elderly are considered a resource to the society due to their knowledge, skills and wisdom. As such, they are cherished possessions for transmission of cultural values. However, the world and society's economic and social changes impact elder care internationally and in Oman.

The National Service Framework for action realizes that fair, high quality, integrated health and social care services for older people is essential in a time of global shortages of financial resources to care (Owtram, 2004).

Impacts emerging from economic impact are sometimes immeasurable, For

example, the current mean household income is \$10, 248 with an expenditure of \$ 9, 152 accounting for 89% of income earned. Surveys show that these economic and social effects reflect on the amount of Oman elderly needing care as 7. 3% need supervision and care on a daily basis; 20. 1% need care all the time; 24 % cannot be left at home alone; 24. 2 % can be left alone for several hours. These affect the elderly specifically as financial hardships. Further impacts were identified as development of major health issues such as blindness and poor vision accounting for 74%; osteoporosis 74%; hypertension 66% obesity and overweight 46% and diabetes mellitus 36% , which significantly affect their quality of life (Meredith, Schewe, & Haim, 2002).

Consequently, a 10 year programme linking specialized services to support independence and promote good health for key conditions was designed. Culture change across generations has greatly affected aging and the elderly. Careers of elderly are always protected and even after retirement they are treated with respect having made a valuable contribution to the society. However, housing, adequate transportation and health care along with home safety are the major concerns related to economic and social changes that impact Oman elderly population (Al-Sinawi et. al, 2012).

Epidemiological transition

## **Epidemiologic Transition Theory**

Epidemiological transition has been described as is a developmental phase depicted by sudden an acute increase in population growth emerging from medical innovation that results in reduction in disease; also, therapies and

treatment that promote improvement in health and long life. Evidence of epidemiological transition is realized when a re-leveling of population growth occurs in response to a decline in fertility rates. This theory accounts too for replacing of infectious diseases with chronic diseases conditions ultimately when expanded public health and sanitation interventions are taken (Casselli, Mesle & Jacques, 2002).

Abdel Omran developed this theory in 1971. It embodies three distinct phases. The age of Pestilence and Famine whereby mortality increases and fluctuates prior to sustained population growth, low and variable life expectancy extending between 20 and 40 years. Next is the age of receding pandemics whereby mortality progressively recedes. The decline rate accelerates into decreasing epidemic frequency peaks. Usually, there is a consistent life expectancy increase extending for about 30 to 50 years. This sustained population growth overtime becomes exponential. Thirdly, during the age of degenerative and man-made diseases there is sustained mortality decline ultimately arriving at a relatively low stability level (Gribble, & Preston, 1993).

Diagram depicting acute birth and death rate decreases between Time 1 and Time 4, the congruent increase in population caused by delayed birth rate decreases, and the subsequent re-leveling of population growth by Time 5 (Gribble, & Preston, 1993).

## **Epidemiological transition in the worldwide and regional context**

Shift in the leading causes of death and disease has also been signaled by transition from high to low mortality and fertility accompanying



socioeconomic development has also meant a shift in the leading causes of disease and death. This shift has been explained by epidemiologists and demographic analysts as an aspect of epidemiologic transition featured by infectious and acute disease decline highlighting chronic and degenerative diseases incidences. Escalating infectious disease death rates is often linked to various degrees of poverty, inadequate nutrition and inappropriate infrastructural development, which is mostly found among poor developing nations.

It must be understood that even though developing countries still experience high child mortality from widespread infectious and parasitic diseases, an emerging major twenty-first century current epidemiologic concern and trend is a consistent chronic and degenerative diseases increase internationally irrespective of poverty (Department of Health, 2000).

Diagram showing Prevalence of Chronic Disease and Disability among Men and Women Aged 50-74 Years in the United States, England, and Europe: 2004. Disease associated with the heart, hypertension, diabetes, cancer and lung is expected to cause the greatest morbidity among these countries (Al-Riyami et. al, 2012)

## **Sultanate of Oman (Life expectancy, fertility, morbidity and mortality) Impact on elderly**

Estimates of childhood mortality in Oman are as follows:-

Diagram showing changes in infant mortality rates in Oman in 1975-1995.

Trends reveal significant improvement over the past 20 years. During this period 4091 cancer cases were diagnosed 2282 and 1809 females. HIV/AIDS and other sexually transmitted diseases are under strict surveillance through

<https://assignbuster.com/example-of-essay-on-research-the-role-of-health-care-in-sultanate-of-oman-on-elderly-care/>

public health monitoring systems within Oman.

### Chapter Summary

This chapter addressed the role of health care in Sultanate of Oman on elderly. Oman elderly are considered a resource to the society due to their knowledge, skills and wisdom. As such, they are cherished possessions for transmission of cultural values. However, the world and society's economic and social changes impact elder care internationally and in Oman. Extensive demographic and epidemiological analyses were offered (Owtram, 2004). . The National Service Framework for action realizes that fair, high quality, integrated health and social care services for older people is essential in a time of global shortages of financial resources to care. However, health care services for Oman elderly began only in 2011. An evaluation of these services reveal that 9. 2% of the elderly populations enjoy very good care; 37. 8 get good care 12. 8% bad care and 2. 3% very bad care (Wilson, 2012).

### References

Al Lamk. S. (2006). PHC in the Sultanate of Oman. Ministry of Health, Sultanate of Oman

Al-Riyami, A., Mahmoud Attia Abd El Aty, Sanjay Jaju, Magdi Morsi, Hilal Al-Kharusi, Waleed

Al-Shekaili (2008). National Elderly Health Survey. Ministry of Health Muscat, Sultanate of Oman.

Al-Sinawi, H. Mohammed Al-Alawi, Rehab Al-Lawati, Ahmed Al-Harrasi, Mohammed Al-

Shafae, and Samir Al-Adawi (2012). Emerging Burden of Frail Young and Elderly

Persons in Oman. For whom the bell tolls? Sultan Qaboos Univ Med J. 12(2): 169-176.

Anwar, H., Batty, H.(2007). Continuing Medical Education Strategy for Primary Health Care

Physicians in Oman: Lessons to be learnt. Oman Med J. 22(3): 33-35.

Asian University Network (2013). Proposed Research Action Plan. Retrieved on July 16th, 2013

from <http://www.auedm.net/Data/activities/AUEDM%20Research%20Plan.pdf>

Casselli, G. Mesle, F., & Jacques, V. (2002). Epidemiologic transition theory exceptions Genus:

Degu, G., & Tessema F. (2005) Biostatistics for Health Science Students: lecture note series.

The Carter Center (EPHTI), Addis Ababa.

London: Department of Health (Category: P)

Dhar, A. (2001). Medical Informatics and Health Care in Oman. J Am Med Inform Assoc. 8(5):

515-51

Ganguly, S. Al-Lawati, A. Al-Shafae, M., & Duttagupta, K. (2009)

Epidemiological transition

of some diseases in Oman: a situational analysis. World Hosp Health Serv. 45: 26-

<https://assignbuster.com/example-of-essay-on-research-the-role-of-health-care-in-sultanate-of-oman-on-elderly-care/>

31.

Gribble, J., & Preston, S. (editors) (1993). *The Epidemiological Transition: Policy and Planning*

*Implications for Developing Countries*, Washington, DC: National Academy Press

Gujjar, A. William, R. Jacob, P. Jain, R., & Al-Asmi, R. (2011). *Transcranial Doppler*

*ultrasonography in acute ischemic stroke predicts stroke subtype and clinical outcome: a*

*study in Omani population*. *J Clin Monit Comput.* 25, 121-8

*Help the Aged (2000) Dignity on the Ward: Promoting Excellence in Care, Promoting*

*Practice in Acute Hospital Care for Older People*. University of Sheffield, The Heneghan, C., & Badenoch, D. (2002). *Evidence-based medicine toolkit*.

London: BMJ Books.

Kevin, K. (2005). *Global Aging: The Challenge of Success*. *Population Bulletin*

Kinsella, K., & He, W. (2009). *An Aging World: 2008*. Washington, DC:

National Institute on

*Aging and U. S. Census Bureau*

Meredith, G. Schewe, C., & Haim, A. (2002), *Managing by defining moments: Innovative*

*strategies for motivating 5 very different generational cohorts*, *Hungry Minds Inc.*, New

York,

Merril, R. (2010). *An Introduction to Epidemiology, (5th Edition)*. Jones and

<https://assignbuster.com/example-of-essay-on-research-the-role-of-health-care-in-sultanate-of-oman-on-elderly-care/>

Bartlett

Publishing.

Ministry of National Economy.(2010). 2009 Population Estimation. Ministry of Health Oman

Moustakas, C. (2004). Phenomenological research methods. Thousand Oaks, CA: Sage.

Neuendorf, K. A. (2002). The content analysis handbook. Thousand Oaks, CA: Sage.

Oman society for elderly friends (<http://www.facebook.com/oafef>)

Owtram, F. (2004). A Modern History of Oman: Formation of the State since 1920. I. B. Tauris.

Salman, A., & Kharusi, S. (2012). The Sound System of Lawatiyya. Journal of Academic and Applied Studies. 2 (5) 36-44.

Sulaiman, A. Al-Riyami, A. Farid, S. Ebrahim, G. (2001). Oman Family Health Survey 1995

J Trop Pediatr. 47: S1-33

UNICEF (2000). The Mortality and Health Transitions in Oman Patterns and Processes. Harvard

Wilson A. (2012). Improving life satisfaction for the elderly living independently in the

community: care recipients' perspective of volunteers. Soc Work Health Care. 51: 125-

39.

World Health Organization (2005). Elderly Health Survey. The Fifty-eight

<https://assignbuster.com/example-of-essay-on-research-the-role-of-health-care-in-sultanate-of-oman-on-elderly-care/>

World Health

Assembly

World Health Survey (2008). Directorate of Research and Studies.

Directorate General of

Planning Sultanate Oman

World Health organization (2008). Global Health and Aging. WHO Geneva